

# Drugs requiring step therapy

---

**2020 Traditional Generic Step Therapy for  
Aetna Standard Plan**

The drugs on this list require step therapy. If you have a medical need for one of these drugs, your doctor can ask for an exception.

## Brand Medications Requiring Use of Generics First

You can save money by using safe, effective generic medications when possible. According to your prescription benefit plan, you may have to try one or two generic medication(s) first\* before certain brand-name medications will be covered. The chart below shows you which drugs require the use of generics first. This chart only provides a sample list of generic drug options and may not include all drugs available.

### Key

UPPERCASE	Brand-name medicine
<i>lowercase italics</i>	Generic medicine

## Traditional Generic Step Therapy for Aetna Standard Plan

Drug class Condition treated**	Step 1: You will have to try one or two* of these generic medications first:		Step 2: Before you can try one of these brand drugs:
<b>ACE Inhibitors/Angiotensin II Receptor Antagonists (ARBs)/ Direct Renin Inhibitors/ Combinations*</b> <b>High Blood Pressure</b>	<i>aliskiren</i> <i>amlodipine-benazepril</i> <i>benazepril/benazepril HCTZ</i> <i>candesartan/ candesartan HCTZ</i> <i>captopril/captopril HCTZ</i> <i>enalapril/enalapril HCTZ</i> <i>fosinopril/fosinopril HCTZ</i> <i>irbesartan/irbesartan HCTZ</i>	<i>lisinopril/lisinopril HCTZ</i> <i>losartan/losartan HCTZ</i> <i>olmesartan/olmesartan HCTZ</i> <i>quinapril/quinapril HCTZ</i> <i>ramipril</i> <i>telmisartan/telmisartan HCTZ</i> <i>trandolapril</i> <i>trandolapril-verapamil ext-rel</i> <i>valsartan/valsartan HCTZ</i>	TEKTURNA HCT
<b>Acne/Topical Skin</b>	<i>benzoyl peroxide</i> <i>clindamycin solution</i> <i>clindamycin-benzoyl peroxide</i> <i>clindamycin phosphate gel 1% (except NDC 68682046275)</i>	<i>dapsone</i> <i>erythromycin solution</i> <i>erythromycin-benzoyl peroxide</i> <i>sulfacetamide sodium</i>	AZELEX FABIOR RIAX
<b>Benign Prostatic Hyperplasia-Alpha Blockers Prostate</b>	<i>alfuzosin ext-rel</i> <i>doxazosin</i> <i>dutasteride</i> <i>dutasteride-tamsulosin</i>	<i>finasteride</i> <i>silodosin</i> <i>tamulosin</i> <i>terazosin</i>	CARDURA XL
<b>Bisphosphonates/Combinations Osteoporosis</b>	<i>alendronate</i> <i>ibandronate</i>	<i>risedronate</i>	BINOSTO FOSAMAX PLUS D

\*Please note: A plan member's Plan determines whether the member must try one or two generics before a brand-name drug is allowed in select drug classes.

\*\*This list indicates the common uses for which the drug is prescribed. Some medicines are prescribed for more than one condition. Brand-name drugs not listed here may be covered by your plan without the use of a generic first. Information provided here is not a substitute for medical advice or treatment.

**Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna HealthAssurance Pennsylvania Inc., Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.**

<b>Drug class</b> <b>Condition treated**</b>	<b>Step 1:</b> You will have to try one or two* of these generic medications first:		<b>Step 2:</b> Before you can try one of these brand drugs:
<b>COX-2 Inhibitors/Nonsteroidal Anti-Inflammatory (NSAIDs)/ Combinations*</b> <b>Pain and Inflammation</b>	<i>celecoxib</i> <i>diclofenac sodium/ misoprostol</i> <i>fenoprofen</i>  (Additional generic NSAIDs available)	<i>ibuprofen</i> <i>meloxicam</i> <i>naproxen tabs</i>	FLECTOR TIVORBEX VIVLODEX ZIPSOR
<b>Fibrates</b> <b>High Triglycerides</b>	<i>fenofibrate</i> <i>fenofibric acid delayed-rel</i>	<i>gemfibrozil</i>	TRIGLIDE
<b>Prostaglandin Analogues and Combinations</b> <b>Glaucoma</b>	<i>latanoprost</i> <i>travaprost</i>		ROCKLATAN VYZULTA XELPROS ZIOPTAN
<b>Proton Pump Inhibitors (PPIs)*</b> <b>Stomach Acid</b>	<i>esomeprazole</i> <i>lansoprazole delayed-rel</i> <i>omeprazole delayed-rel</i>	<i>pantoprazole delayed-rel</i> <i>rabeprazole</i>	DEXILANT PRILOSEC PACKETS
<b>Selective Serotonin Agonists/ Combinations</b> <b>Migraine</b>	<i>almotriptan</i> <i>eletriptan</i> <i>frovatriptan</i> <i>naratriptan</i>	<i>rizatriptan</i> <i>sumatriptan</i> <i>zolmitriptan</i>	ONZETRA XSAIL ZEMBRACE SYMTOUCH
<b>Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)</b> <b>Depression</b>	<i>desvenlafaxine ext-rel</i> <i>duloxetine delayed-rel</i>	<i>venlafaxine/venlafaxine ext-rel</i>	FETZIMA
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b> <b>Depression</b>	<i>citalopram</i> <i>escitalopram</i> <i>fluoxetine (except fluoxetine tablet 60 mg tablet)</i>	<i>fluvoxamine/ fluvoxamine ext-rel</i> <i>paroxetine HCl/ paroxetine HCl ext-rel</i> <i>sertraline</i>	PEXEVA TRINTELLIX VIIBRYD
<b>Sleeping Agents</b> <b>Insomnia/Sleep Problems</b>	<i>doxepin tabs</i> <i>eszopiclone</i> <i>ramelteon</i>	<i>zaleplon</i> <i>zolpidem/zolpidem ext-rel</i> <i>zolpidem sublingual</i>	BELSOMRA EDLUAR
<b>Urinary Antispasmodics*</b> <b>Overactive Bladder/Incontinence</b>	<i>darifenacin ext-rel</i> <i>oxybutynin/oxybutynin ext-rel</i>	<i>tolterodine/tolterodine ext-rel</i> <i>trospium/trospium ext-rel</i>	GELNIQUE MYRBETRIQ

Updated 10/2020

This is not an inclusive list.

Products may be subject to plan-specific copayment or coinsurance. Some prescription benefit plan designs may not cover certain categories, regardless of their appearance in this document.

Information is believed to be accurate as of the production date; however, it is subject to change.

To check coverage and copay information for a specific medicine, log into your member website. For questions, please call the toll free number on your member ID card.

